MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

10/582976 APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1* AMENDMENT		AFTER 2 ^{md} AMENDMENT				AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS							.	TOTAL CLAIMS	65					
PTO - 1360) (REV. 11/0	1)			_						TMENT of Co rademark Offi			